

CALIFORNIA DEPARTMENT OF EDUCATION  
**ATTENDANCE AND FISCAL REPORT**  
**FOR SCHOOL AGE COMMUNITY CHILD**  
**CARE SERVICES - DAYS**

CDFS 9516-D Pg. 1 of 3 (6/03)

Mail completed report to:

CALIFORNIA DEPARTMENT OF EDUCATION  
**Child Development Fiscal Services**  
P.O. Box 1317  
Sacramento, CA 95812-1317

**REPORT DEADLINES AND INSTRUCTIONS ON REVERSE**

Please read instructions before completing report.

REPORTING PERIOD		CONTRACT NUMBER							
MONTH ENDING	YEAR								
		COUNTY				VENDOR CODE			

FULL NAME OF CONTRACTING AGENCY

CDFS ANALYST

SECTION I - CERTIFIED CHILDREN	EDP NO.	COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F
		CUMULATIVE PRIOR PERIOD (Col. A + Col.D Prior Report)	ADJUST- MENT FACTOR	PRIOR PERIOD ADJUSTED DAYS OF ENROLLMENT (Col. A X Col. B)	CURRENT PERIOD	ADJUST- MENT FACTOR	CURRENT PERIOD ADJUSTED DAYS OF ENROLLMENT (Col. D X Col. E)
<b>DAYS OF ENROLLMENT</b> <i>Kindergarten through Grade 9</i>							
Full-time-plus	112		1.50			1.50	
Full-time	114		1.00			1.00	
Three-quarters-time	116		0.75			0.75	
One-half-time	118		0.50			0.50	
One-quarter-time	119		0.25			0.25	
<i>Exceptional Needs</i>							
Full-time-plus	121		1.80			1.80	
Full-time	123		1.20			1.20	
Three-quarters-time	125		0.90			0.90	
One-half-time	127		0.60			0.60	
One-quarter-time	129		0.30			0.30	
<i>Limited and Non-English Proficient</i>							
Full-time-plus	131		1.65			1.65	
Full-time	133		1.10			1.10	
Three-quarters-time	135		0.825			0.825	
One-half-time	137		0.55			0.55	
One-quarter-time	139		0.275			0.275	
<i>Children at Risk of Abuse or Neglect</i>							
Full-time-plus	141		1.65			1.65	
Full-time	143		1.10			1.10	
Three-quarters-time	145		0.825			0.825	
One-half-time	147		0.55			0.55	
One-quarter-time	149		0.275			0.275	
<i>Severely Disabled</i>							
Full-time-plus	151		2.25			2.25	
Full-time	153		1.50			1.50	
Three-quarters-time	155		1.12			1.12	
One-half-time	157		0.75			0.75	
One-quarter-time	159		0.375			0.375	
<b>TOTAL DAYS OF ENROLLMENT</b>	190						
<b>DAYS OF OPERATION</b>	169						
<b>DAYS OF ATTENDANCE</b>	179						

☐ NO NONCERTIFIED CHILDREN Check this box and continue to Section III if no noncertified children are enrolled in the program. (See reverse)

NAME OF PERSON RESPONSIBLE FOR COMPLETING PAGE	TITLE	TELEPHONE NUMBER (      )	DATE
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CALIFORNIA DEPARTMENT OF EDUCATION  
**ATTENDANCE AND FISCAL REPORT**  
**FOR SCHOOL AGE COMMUNITY CHILD**  
**CARE SERVICES - DAYS**

CDFS 9516-D Pg. 2 of 3 (6/03)

**NOTE:** Section II - Information for noncertified children must be submitted as part of this report. If you do not serve noncertified children check the box on page 1 and omit this page.

REPORTING PERIOD		CONTRACT NUMBER							
MONTH ENDING	YEAR								
		COUNTY				VENDOR CODE			

FULL NAME OF CONTRACTING AGENCY

**SECTION II - NONCERTIFIED CHILDREN** (See reverse of Page 1 for instructions.)

	EDP NO.	COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F
		CUMULATIVE PRIOR PERIOD Prior Report (Col. A + Col.D)	ADJUST- MENT FACTOR	PRIOR PERIOD ADJUSTED DAYS OF ENROLLMENT (Col. A X Col. B)	CURRENT PERIOD	ADJUST- MENT FACTOR	CURRENT PERIOD ADJUSTED DAYS OF ENROLLMENT (Col. D X Col. E)
<b>DAYS OF ENROLLMENT</b> <i>Kindergarten through Grade 9</i>							
Full-time-plus	212		1.50			1.50	
Full-time	214		1.00			1.00	
Three-quarters-time	216		0.75			0.75	
One-half-time	218		0.50			0.50	
One-quarter-time	219		0.25			0.25	
<i>Exceptional Needs</i>							
Full-time-plus	221		1.80			1.80	
Full-time	223		1.20			1.20	
Three-quarters-time	225		0.90			0.90	
One-half-time	227		0.60			0.60	
One-quarter-time	229		0.30			0.30	
<i>Limited and Non-English Proficient</i>							
Full-time-plus	231		1.65			1.65	
Full-time	233		1.10			1.10	
Three-quarters-time	235		0.825			0.825	
One-half-time	237		0.55			0.55	
One-quarter-time	239		0.275			0.275	
<i>Children at Risk of Abuse or Neglect</i>							
Full-time-plus	241		1.65			1.65	
Full-time	243		1.10			1.10	
Three-quarters-time	245		0.825			0.825	
One-half-time	247		0.55			0.55	
One-quarter-time	249		0.275			0.275	
<i>Severely Disabled</i>							
Full-time-plus	251		2.25			2.25	
Full-time	253		1.50			1.50	
Three-quarters-time	255		1.12			1.12	
One-half-time	257		0.75			0.75	
One-quarter-time	259		0.375			0.375	
<b>TOTAL DAYS OF ENROLLMENT</b>	290						

NAME OF PERSON RESPONSIBLE FOR COMPLETING PAGE	TITLE	TELEPHONE NUMBER (      )	DATE
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**ATTENDANCE AND FISCAL REPORT FOR  
SCHOOL AGE COMMUNITY CHILD CARE  
SERVICES - DAYS**

CDFS 9516-D Pg. 3 of 3 (6/03)

REPORTING PERIOD		CONTRACT NUMBER							
MONTH ENDING	YEAR								
		COUNTY		VENDOR CODE					

FULL NAME OF CONTRACTING AGENCY

**SECTION III - REVENUE**

(See reverse for instructions.)

	EDP NO.	COLUMN A CUMULATIVE PRIOR PERIOD (Col. C Prior Report)	COLUMN B CURRENT PERIOD	COLUMN C CUMULATIVE FISCAL YEAR (Col. A + Col. B)
RESTRICTED PROGRAM INCOME				
Child Care Food/National School Lunch Program	302	\$	\$	\$
Restricted income for operating costs	308			
Maintenance of Effort	339			
Other (specify)	312			
<b>SUBTOTAL</b>	311			
TRANSFER FROM RESERVE FUND	309			
FAMILY FEES FOR CERTIFIED CHILDREN	329			
INTEREST EARNED ON CHILD DEVELOPMENT CONTRACT PAYMENTS	349			
NON-RESTRICTED INCOME:				
Parent fees for noncertified children	356			
Cal Learn Program	358			
Other (specify)	362			
<b>TOTAL REVENUE</b>	390	\$	\$	\$

**SECTION IV - EXPENSES** (See reverse for instructions.)

REIMBURSABLE EXPENSES				
1000 Certificated Salaries	402	\$	\$	\$
2000 Classified Salaries	404			
3000 Employee Benefits	406			
4000 Books and Supplies	408			
5000 Services and Other Operating Expenses	412			
6100/6200 Other Approved Capital Outlay	413			
6400 New Equipment (program-related)	414			
6500 Equipment Replacement (program-related)	416			
Depreciation or Use Allowance	439			
Start-Up expenses (service level exemption 15% of MRA)	447			
Indirect Costs (Rate: _____%; included in Admin cost)	459			
NONREIMBURSABLE EXPENSES				
6100-6500 Nonreimbursable capital outlay	479			
Other nonreimbursable expenses (specify)	489			
<b>TOTAL EXPENSES</b>	490	\$	\$	\$
<b>TOTAL ADMINISTRATIVE COST</b> (included in section IV above; within 15% of reimbursable costs)	690	\$	\$	\$

COMMENTS: If necessary, attach an additional sheet to further explain information contained in this report.

CERTIFICATION-- I hereby certify that, to the best of my knowledge and belief, the information in this report is accurate and complete.	SIGNATURE OF AGENCY DESIGNEE	TELEPHONE NUMBER	DATE
		( )	
NAME OF PERSON RESPONSIBLE FOR COMPLETING PAGE	TITLE	TELEPHONE NUMBER	DATE
		( )	

**Contractors Required to File This Report:** Child Care and Development contractors operating School Age Community Child Care Services (LATCHKEY) programs contracted with a daily rate.

**Report Deadlines:** Reports must be submitted in accordance with the Child Care and Development contract Funding Terms and Conditions and Program Requirements. Monthly reporting is required by contractors who are on Conditional or Provisional status. All other contractors shall submit reports according to the timelines listed below:

<u>Period Ending</u>	<u>DUE to be RECEIVED in CDFS (NOT POSTMARKED)</u>
September 30	October 20
December 31	January 20
March 31	April 20
June 30	July 20

**To be valid, a report must be complete and signed. (Please note that only original signatures are acceptable.) Invalid reports or reports not received in the Child Development Fiscal Services Unit by the 20<sup>th</sup> of the month following the end of the reporting period will be deemed delinquent and all subsequent apportionments will be withheld until reporting requirements have been met.**

**How This Report is Filed:** The submission of the report is the responsibility of the contractor. The principal administrative officer may delegate responsibility for completion of the report to staff members, but the agency's Board is responsible for the accurate and timely completion of the report. The agency designee **must sign** the report, and it must be **received** by the Child Development Fiscal Services Unit on or before the due date.

### INSTRUCTIONS

Use only Columns D, E, and F for the first report of the fiscal year. Columns A, B, and C remain blank. Beginning with the second report, in Column A, enter the cumulative prior period total since July 1 (the total of Column A and D of the preceding period's report). Adjustments should be made in Column A and reasons for the adjustments stated in the Comments Section or on a separate sheet of paper. **DO NOT USE NEGATIVE FIGURES IN ANY OF THE COLUMNS.** Compute Column C by multiplying Column A by the corresponding "adjustment factor" shown in Column B. Column D **must** show the total for the current reporting period only. Compute Column F by multiplying Column D by the corresponding "adjustment factor" shown in Column E.

**SECTION I – CERTIFIED CHILDREN:** Report only information about children who have been certified as eligible for California Department of Education subsidized services. A family is considered to be enrolled in the program when the application and certification forms have been completed, information has been verified, and forms have been signed. Noncertified children in the program will be reported in Section II.

**DAYS OF ENROLLMENT** – The enrollment data from the contractor's enrollment and attendance register, totaled for all children in the program for the days the contractor is open to provide services. Enter for each category the number of children enrolled for that category. A child enrolled under 2.5 hours is considered one-quarter time. A child enrolled 2.5 hours to under 5 hours is considered half-time. A child enrolled 5 hours to under 6.5 hours is considered three-quarters-time. A child enrolled 6.5 hours to under 10.5 hours is considered full-time. A child enrolled 10.5 hours and over is considered full-time-plus. **NOTE:** The category "Limited and Non-English Proficient" is **only** for children 2 years of age through kindergarten age.

**DAYS OF OPERATION** – A day of operation is a day the contractor provided subsidized child care and development services for one or more subsidized families enrolled. Contractors should note the reasons for any deviation between the actual days of operation and contract days of operation.

**DAYS OF ATTENDANCE** – A child is in attendance when he or she is present in the program for any part of a day **OR** when he or she is absent because of illness or quarantine, illness or quarantine of the parent, family emergency, court-ordered visitation, or a reason which is clearly in the best interest of the child. This number must be equal to or less than the Days of Enrollment.

**NO NONCERTIFIED CHILDREN** – If your program only serves certified children, you may omit completion and submission of Section II for noncertified children enrollment by checking this box. If this box is not checked, you must submit Section II or this report will be considered incomplete and delinquent.

**Section II – NONCERTIFIED CHILDREN:** Report all children who are supported by other than California Department of Education contract payments, but are served at the same site(s) as certified children.

## INSTRUCTIONS

**SECTION III – REVENUE:** Report all revenue for the program in which certified children are enrolled, including revenue from non-subsidized portions of the program. Do not report Child Development contract payments received from the California Department of Education.

**CHILD CARE FOOD/NATIONAL SCHOOL LUNCH** – Revenue received from Child Nutrition and Food Distribution Division deposited in the Child Development Fund.

**RESTRICTED INCOME FOR OPERATING COSTS** – Income received by a child development contractor where the donor restricts the use of the funds for goods, services, or other operating costs reimbursable by the California Department of Education in the current program year. Report here any fees collected for field trips.

**MAINTENANCE OF EFFORT** – Report Maintenance of Effort funds received by the program, which are restricted for child care operating costs, in the current fiscal year. Do not report non-restricted Maintenance of Effort funds here; report them under “Other Income.”

**TRANSFER FROM RESERVE FUND** – Report the amount of funds transferred from the reserve fund and used for reimbursable allowable expenses. Be sure to include corresponding expenses in Section III.

**FAMILY FEES FOR CERTIFIED CHILDREN** – Report only family fees collected for certified children being served under this contract. Parent fees for noncertified children should be reported under “Non-Restricted Income.”

**INTEREST EARNED ON CHILD DEVELOPMENT CONTRACT PAYMENTS** – Report only interest earned on payments advanced for this contract. Interest earned on non-contract funds should be reported under “Other Income.”

**SECTION IV – EXPENSES:** Report all expenses for both certified and noncertified children.

**Title 5, Section 18063 regulations require that “Contractors shall report all expenditures on an accrual basis.”** Report costs as they occur rather than when they are actually paid.

**EQUIPMENT** – As specified in the “Funding Terms & Conditions” (FT & C), purchases for both new and replacement equipment may require prior written approval by the California Department of Education, Child Development Division. Equipment purchases that are not reimbursable should be reported under “Nonreimbursable Expenses.”

**DEPRECIATION OR USE ALLOWANCE** – See the FT & C for information on calculations.

**START-UP EXPENSES** – Contractors that are eligible to claim start-up expenses will have a start-up/service level exemption allowance specified on the face sheet of their contract.

**INDIRECT COSTS** – Compute this amount only if you have a written cost allocation plan and only if the indirect cost directly benefits the child development program. Indicate indirect cost rate used. Note that an indirect cost rate may only be applied against reimbursable expenses in budget categories 1000-5000; refer to the FT & C. Rates are subject to audit verification.

**NONREIMBURSABLE EXPENSES** – Report all nonreimbursable expenses (see the FT&C) for the program. Include accrued nonreimbursable liabilities (but not encumbrances).

**ADMINISTRATIVE COST** – Costs not related to the direct provision of services to children. For example, administrative costs would include such things as the cost of the position (or portion of a position) responsible for personnel management, budgeting and/or accounting; the cost of the position (or portion of a position) responsible for completion of the annual contract renewal certification; and the costs (including indirect costs) related to these positions.

Comments: Provide any information that will assist in understanding unusual circumstances which are reflected in your report, and any changes made to cumulative prior period data. Changes in days of operation, variations in enrollment or attendance, and delays in expenditures are some items that require explanations.

When a correction is necessary, an amended report is **NOT** required (except for the June final). Adjustments should be made by reporting the corrected figures in Column A (prior period) of the next report to be filed. **DO NOT USE NEGATIVE FIGURES IN ANY OF THE COLUMNS.** Note in the Comments section that the data in Column A reflects changes from prior reports, so it will be clear that the current data is correct and not a mistake in copying the data from Column C of the prior report. When an amended report is submitted, all pages are required (including an original signature).